

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number Q88710	
FY 2009		Confirmation Number 6821	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			
Application Number 10/539,445		Filing Date	June 20, 2005
For MOUSSE-TYPE SPREAD AND MOUSSE-TYPE EDIBLE OIL			
Art Unit 1794	Examiner Name Brent T. O'Hern		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		Fee	Small Entity Fee
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00
<input type="checkbox"/>	Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00
<input type="checkbox"/>	Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00
<input type="checkbox"/>	Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00
<input type="checkbox"/>	Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00
<input type="checkbox"/>	Previous Payment Amount	Date Submitted _____	
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/>	Payment by credit card.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.		
I am the	<input type="checkbox"/>	applicant/inventor	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71.	
	<input type="checkbox"/>	Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number	53,892
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.	
	<input type="checkbox"/>	Registration number if acting under 37 CFR 1.34	
WASHINGTON DC SUGHRUE/265550			
65565 CUSTOMER NUMBER			
<hr/> <i>/Sunhee Lee/</i> <hr/> Signature		May 2, 2011 <hr/> Date	
<hr/> Sunhee Lee <hr/> Typed or printed name		(202) 293-7060 <hr/> Telephone Number	
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of <u>1</u> form is submitted.		